

Request for Appropriation Budget Template

Enter data into each yellow cell.

Request Title:	Quality Improvement Incentive Program for Intermediate Care Facilities
Sponsor:	

Step 1. Revenue			
Funding Source			
Amount Requested	\$ 900,000.00	General Fund - Ongoing	
Other Revenue Sources			
Total Revenues:	\$ 900,000.00		
Difference between Revenue & Expenditures			\$ -
Step 2. Expenditures			
Amounts		Details	
Personnel		Number of personnel supported:	na
Travel		Nature of travel:	na
Equipment/Supplies		Types of equipment/supplies to be purchased:	na
Pass-through		Intended recipient(s) of pass-through funds:	na
Licenses		Description of licenses (number, cost per license, etc.)	na
Other	\$ 900,000.00	\$1714.28 per licensed bed x 525 beds	The expenses for this program are incurred by the ICF/ID facility to provide programming and services to the residents living in their facility. This includes but is not limited to: staff training, programming for residents, costs for implementing employment, vocational or life skills programs uniquely tailored to each individual.
Other		Description of other expenses	
Other		Description of other expenses	
Total Expenditures:	\$ 900,000.00		